



# Examination Form Foal

Global Dressage Auction 2021

I, Dr. Maarten Aarts declare to have examined the foal written below and to have filled in this form truthfully. This examination has been commissioned by the owner of the foal.

## Basic foal information

Foal name	Request S
Sex	Colt
Date of birth	21-jun.-21
Color	Chestnut
Sire	Ibiza
Dam	Isabel S
Dam pedigree	Johnson x Flemmingh x Belisar
Chipnumer (Foal/Mare)	<u>keversnummer 13.05307</u>

## Examination

1. General appearance	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
2. Skin	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Remarks	<hr/>	
3. Abnormalities eyes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
4. Abnormalities teeth	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
5. Abnormalities nose	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Remarks	<hr/>	
6. Breathing	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Spontaneous coughing	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Nasal discharge	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Remarks	<hr/>	
7. Digestion	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Remarks	<hr/>	

### 8. Circulatory system

Heart rate at rest  Normal  Abnormal  
Heart rate after exercise  Normal  Abnormal

Remarks \_\_\_\_\_

### 9. Locomotive system

Abnormalities on hooves and legs  No  Yes  
Abnormalities in walk and trot  No  Yes

Remarks \_\_\_\_\_

### 10. Indication for vices

No  Yes

### 11. Genitals

Abnormalities external genitals  No  Yes  
Two testicals  No  Yes  
Testicles descended  No  Yes

Remarks \_\_\_\_\_

### 12. Are there any other symptoms, abnormalities or defects?

If yes, which one(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Final conclusion

During the examination of the above mentioned foal I did not find abnormalities which are functional relevant to the purpose of its use.

Date: 4 september 2021

Place: Erp, The Netherlands

Name owner/commissioner F. van Santvoort

Signature \_\_\_\_\_

Name veterinarian Dr. Maarten Aarts - Dierenartspraktijk De Meierij

Signature and stamp \_\_\_\_\_